



LIVESTOCK NUTRIENT MANAGEMENT PROGRAM INSPECTION REPORT

Facility Name: _____ AG ID No: _____ Permit ID: _____

Date of Inspection: _____ Arrival Time: _____ Departure Time: _____

WSDA Inspector(s): _____

Inspection Type: (check one) ☐ Initial Inspection ☐ Complaint ☐ Routine Inspection
☐ Follow Up Inspection ☐ Technical Assistance ☐ Investigation

Property Owner's Name: _____ Phone No: _____

Facility Operator's Name: _____ Phone No: _____

Address of Facility: _____

Mailing Address: _____

E-mail Address: _____ Best contact time: _____ Best time of day for inspection: _____

County: _____ Weather/Temperature: _____

Drainage, WRIA: _____

Explanation of regional environmental concerns: _____

I. Inspection History

	Yes	No	
1) Has WSDA (or Ecology) inspected this farm before?	<input type="checkbox"/>	<input type="checkbox"/>	Date of last inspection _____
2) Has or is the farm currently under a formal enforcement action?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Is the farm covered by a NPDES permit?	<input type="checkbox"/>	<input type="checkbox"/>	

II. LNMP Information

		Yes	No
1) Does the farm have a livestock nutrient management plan (LNMP)?		<input type="checkbox"/>	<input type="checkbox"/>
2) Is the livestock nutrient management plan on site?		<input type="checkbox"/>	<input type="checkbox"/>
3) Is the LNMP approved by a conservation district?	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4) Is the LNMP certified by a conservation district?	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Is the LNMP certified by the livestock producer?	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Who developed the LNMP? _____			
7) Acreage LNMP was developed for _____ Current total acreage _____			
8) Herd size LNMP was developed for _____ A# _____ AU _____			

III. Detail of Current Animal Inventory

	A#	AU
1) Milking Cows	_____	_____
2) Dry Cows	_____	_____
3) Heifers (6 mos - fresh)	_____	_____
4) Calves (0 - 6mos)	_____	_____

Total animals on site _____ Yes No

Are there any additional rearing or feeding operations associated with the operation of this facility? ☐ ☐

If yes, explain _____

Facility Name: _____ Date: _____

IV. Nutrient and Leachate Collection

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Number of days per year animals are confined _____ | | |
| 2) Is all the manure in the confinement area contained and directed to storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is roof runoff water diverted away from contaminated areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is milk parlor and milking barn wash down water collected and transferred to storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is silage leachate collected and transferred to storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Is silage leachate discharged to a field filter strip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Is any area of the farm acreage frequently flooded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Approximate distance facility is from waters of the state _____ | | |

Comments: _____

V. Nutrient Storage

- 1) What type of nutrient storage is used? ☐ Manure lagoon ☐ Above ground tank ☐ Under ground tank
☐ Dry stack ☐ Manure pit ☐ Covered on slab

- 2) Total storage capacity/volume _____
3) Total storage in months per year _____
4) Current percentage of nutrients in storage at facility _____%

Comments: _____

VI. Nutrient Application

- 1) How are nutrients applied? ☐ Sprinkler (big gun) ☐ Sprinkler (irrigation system) ☐ Dry Spreader
☐ Spreader (honey wagon) ☐ Injector ☐ Custom Pumper ☐ Other _____

- | | Yes | No | Years maintained |
|--|--------------------------|--------------------------|------------------|
| 2) Are nutrient application records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3) Are nutrient testing records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4) Are water quality testing records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5) Are soil testing records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Comments: _____

VII. Pollution Emissions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Does livestock have direct access to surface water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is there a release of pollutants to waters of the state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is there evidence of a release of pollutants to waters of the state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is there a potential for a release of pollutants to waters of the state? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Were any photographs taken? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Were any water samples taken? | <input type="checkbox"/> | <input type="checkbox"/> |

Facility Name: _____ **Date:** _____

VIII. Current Inspection Outcome

Yes

No

- 1) Is follow up needed? For facility issues ☐ ☐
For record or application issues ☐ ☐
- 2) Follow up activities ☐ Mail in requested Items by ☐ Follow up inspection by (mo/yr) _____
- 3) Compliance activity? *(Check those that may apply)* ☐ WARNING ☐ NOV ☐ ORDER ☐ PENALTY
☐ PERMIT ☐ NONE ☐ N/A

Additional Comments: _____

Please send requested information to Livestock Nutrient Management Program, WSDA

- | | | | |
|--|--|----------------|--------------------|
| <input type="checkbox"/> Southwest Region | 2 nd Floor Natural Resources Building
1111 Washington Street SE, Olympia, WA 98504 | (360) 902-1928 | FAX (360) 902-2087 |
| <input type="checkbox"/> Northwestern Region | 117 N 1 st , Suite 39, Mount Vernon, WA 98273 | (360) 941-3026 | FAX (360) 428-1061 |
| <input type="checkbox"/> Eastern Region | 21 N 1 st Avenue, Suite 103, Yakima, WA 98902 | (509) 225-2608 | FAX (509) 454-7858 |

Producer approves to have copy of report sent to Conservation District / Consultant ☐ Yes ☐ No

WSDA Inspector Signature _____ Date _____

Facility Contact Signature	Date
Acknowledging Receipt	